# **Notary Public Application and Renewal Instructions**

- 1. Carefully **type** or **print legibly** all information requested on the top portion of your application and sign in the presence of a notary public. (Bottom portion is to be completed by your County Delegation; addresses are listed below.)
- 2. Attach a check or money order to your application in the amount of \$25.00 payable to "SC Secretary of State."
- 3. Mail your application and check/money order to your county delegation office listed below for the required signatures. Your delegation office will forward your application and check/money order to the Secretary of State's Office.
- 4. If your county is not listed below, forward your application to: South Carolina House of Representatives, PO Box 11867, Columbia, SC 29211, Phone (803) 734-2010.
- 5. The Secretary of State's Office will mail your commission certificate within one week upon receipt of a properly executed application.
- 6. You **must be a registered voter** to become a notary public. If you do not know your voter registration number, call your County Voters Registration Office or County Registration and Election Commission for this information. The number will be listed in the county government section of your local telephone book.

#### **Aiken County Delegation**

828 Richland Avenue

Aiken, SC 29801 Phone (803) 642-1694

#### **Anderson County Delegation**

PO Box 8002

Anderson, SC 29622 Phone (864) 260-4025

#### **Beaufort County Delegation**

PO Box 1267

Beaufort, SC 29901 Phone (843) 255-2260

#### **Berkeley County Delegation**

PO Box 142, Suite 203

Columbia, SC 29202 Phone (803) 212-6400

#### **Charleston County Delegation**

P.O. Box 190016

North Charleston, SC 29419-9016 Phone (843) 740-5855

#### **Colleton County Delegation**

PO Box 2103

Walterboro, SC 29488 Phone (843) 549-7586

#### **Darlington County Delegation**

PO Box 1200

Hartsville, SC 29550 Phone (843) 339-3000

#### **Dillon County Delegation**

240 Bermuda Road

Dillon, SC 29536 Phone (843) 841-3679

### **Edgefield County Delegation**

828 Richland Avenue

Aiken, SC 29801 Phone (803) 642-1694

#### **Fairfield County Delegation**

PO Box 1006

Winnsboro, SC 29180 Phone (803) 635-6884

#### **Florence County Delegation**

180 N. Irby Street, MSC-G

Florence, SC 29501 Phone (843) 665-3044

#### **Georgetown County Delegation**

PO Drawer 421270

Georgetown, SC 29442 Phone (843) 545-3029

## **Greenville County Delegation**

301 University Ridge, Suite 2400

Greenville, SC 29601 Phone (864) 467-7112

# **Horry County Delegation**

PO Box 1236

Conway, SC 29528 Phone (843) 915-5130

#### **Jasper County Delegation**

PO Box 2433

Ridgeland, SC 29936 Phone (843) 726-6019

#### **Kershaw County Delegation**

632 W. DeKalb St., Suite 204

Camden, SC 29020 Phone (803) 432-0858

#### **Lexington County Delegation**

205 E. Main Street, Suite 203

Lexington, SC 29072 Phone (803) 785-8184

#### **Marion County Delegation**

137 Airport Court, Suite J

Mullins, SC 29574 Phone (843) 423-8237

#### **Marlboro County Delegation**

P.O. Box 1175

Bennettsville, SC 29512 Phone (843) 479-9577

#### **Oconee County Delegation**

415 S. Pine Street

Walhalla, SC 29691 Phone (864) 638-4237

#### **Orangeburg County Delegation**

PO Box 9000

Orangeburg, SC 29116 Phone (803) 533-6106

# **Pickens County Delegation**

201 S. Fifth St., West End Hall Rm. 205

Easley, SC 29640 Phone (864) 850-7070

#### **Richland County Delegation**

PO Box 192

Columbia, SC 29202 Phone (803) 576-1908

#### **Spartanburg County Delegation**

366 N. Church Street, Rm. 1210

Spartanburg, SC 29303 Phone (864) 596-2529

#### **Sumter County Delegation**

c/o Courthouse, Rm. 103

Sumter, SC 29150 Phone (803) 436-2304

#### **York County Delegation**

818 Riverview Road

Rock Hill, SC 29730 Phone (803) 212-6410

# **Application/Renewal for Notary Public**

STATE OF SOUTH CAROLINA

# OFFICE OF THE SECRETARY OF STATE

For delegation office use only	
Date received	

THE HONORABLE MARK HAMMOND

	h Carolina	New Renew
I respectfully petition to be appoin	nted Notary Public for this State, and for your	information, I herewith submit the following:
Name		
Mailing Address	City	Zip Code
Home Street Address	City	Zip Code
County	Last 4 Digits of your Social Security #	Sex Date of Birth/_/
Voter Registration #(Voter Registration Number may be o	btained from your County Registration and Electio	n Office or Voter Registration Office)
Геlephone # ()	E-mail	
Languages other than English in w	which fluent	
Signature of applicar	This	o and subscribed before me day of, 20
Jaie	Notary F	Public of South Carolina
	My Cox	mmission Expires
	My Col	minission Expires
Mail application to delegati	ion for required signatures (addresses and t	telephone numbers are on back of application).
This section should be con	mpleted by the Legislative Delegation  Delegation, recommen	on. Please choose one of the three options.  d the appointment of the above named applicant.
This section should be con	mpleted by the Legislative Delegation  Delegation, recommen	on. Please choose one of the three options.  d the appointment of the above named applicant.
This section should be con	mpleted by the Legislative Delegation  Delegation, recommen  2)	on. Please choose one of the three options.  d the appointment of the above named applicant.
This section should be con We, the(County	mpleted by the Legislative Delegation, recommen  Delegation, recommen  2)  airman OR Secretary  S	on. Please choose one of the three options.  d the appointment of the above named applicant.
This section should be con We, the(County  1) Signature of the Delegation Characterists	mpleted by the Legislative Delegation, recommen  Delegation, recommen  2)  airman OR Secretary  S	on. Please choose one of the three options.  d the appointment of the above named applicant.  ignature of Senator / Senate District #
This section should be con We, the(County  1) Signature of the Delegation Characterists	mpleted by the Legislative Delegation, recommend (1)  Delegation, recommend (2)  Lairman OR Secretary S  Sign	on. Please choose one of the three options.  d the appointment of the above named applicant.  ignature of Senator / Senate District #
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